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REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (Optional)
206-004

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is described and claimed in patent number 6,013,096 granted 01/11/2001, and for which a reissue patent is sought on the invention entitledHand-Held Laser Light Generator Device,
the specification of which is attached hereto. was filed on _____ as reissue application number _____ / _____
and was amended on _____
(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening:

The attorney preparing the original application failed to appreciate the full scope of the invention. The nature of the broadening relates to the use of a battery in the wand as the means for supplying electrical power.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE INVENTOR, page 2)

Docket Number (Optional)

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All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant. As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.

Name(s) Registration Number

Sandra L. Etherton 36,982

Correspondence Address: Direct all communications about the application to:

 Customer Number
Place Customer Number Bar
Code Label here

Type Customer Number here

| | | | | | |
|---|-------------------------|-------|--------------|-----|------------|
| <input checked="" type="checkbox"/> Firm or Individual Name | Sandra L. Etherton | | | | |
| Address | Etherton Law Group, LLC | | | | |
| Address | P.O. Box 27843 | | | | |
| City | Tempe | State | AZ | Zip | 85285-7843 |
| Country | USA | | | | |
| Telephone | 480-966-3331 | Fax | 480-966-3339 | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.

Full name of sole or first inventor (given name, family name)

Kevin B. Tucek

| | | | |
|----------------------|-----------------------|------|----------|
| Inventor's signature | <i>Kevin B. Tucek</i> | Date | 11-05-01 |
|----------------------|-----------------------|------|----------|

| | | | |
|-----------|-------------|-------------|-----|
| Residence | Gilbert, AZ | Citizenship | USA |
|-----------|-------------|-------------|-----|

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|-----------------|---|

Full name of second joint inventor (given name, family name)

| | |
|----------------------|------|
| Inventor's signature | Date |
|----------------------|------|

| | |
|-----------|-------------|
| Residence | Citizenship |
|-----------|-------------|

Mailing Address

Full name of third joint inventor (given name, family name)

| | |
|----------------------|------|
| Inventor's signature | Date |
|----------------------|------|

| | |
|-----------|-------------|
| Residence | Citizenship |
|-----------|-------------|

Mailing Address

| |
|--|
| <input type="checkbox"/> Additional joint inventors are named on separately numbered sheets attached hereto. |
|--|

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**REISSUE APPLICATION: CONSENT OF ASSIGNEE;
STATEMENT OF NON-ASSIGNMENT**

Docket Number (Optional)

206-004

This is part of the application for a reissue patent based on the original patent identified below.

Name of Patentee(s) **Kevin B. Tucek**Patent Number **6,013,096** Date Patent Issued **01/11/2000**Title of Invention **Hand-Held Laser Generator Device**

1. Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)
2. Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.

One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".

The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.

The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue.

Name of assignee/inventor (if not assigned)

Signature

Kevin B. Tucek

Date

11-5-01

Typed or printed name and title of person signing for assignee (if assigned)

Burden Hour Statement. This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231